UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF WEST VIRGINIA

AT

v. Case Number

NOTICE OF CHANGE OF ATTORNEY INFORMATION

Select and complete the appropriate section of this form to update your name and/or firm information, to add your name as counsel of record, to change representation within your firm, or to remove your name from the court's service list <u>for the above-entitled action only</u>. DO NOT use this form to withdraw from the above-entitled action, which requires a motion to withdraw and a court order pursuant to LR Civ P 83.4.

	I,, hereby provide this <i>Notice of</i>		
Name of Attorney Change of Attorney Information to the Court and request the Clerk's Office to:			
0	Please add my name as counsel of record <u>in the above-entitled action only</u> as follows:		
has m	m/government agency,		
0	Please change within-firm representation <u>in the above-entitled action only</u> as follows:		
My fi	rm/government agency,,		
by	,		
whose	ade an appearance in the above-entitled action. I request to be substituted as counsel of record for the party(s) on behalf the above-named attorney has appeared and further request the court to remove the above-named attorney he court's service list for this case only.		

USDC/A	USDC/ATTY-006 (Rev. 4/09) Notice of Change of Attorney Information		
0	Please remove me from the Court's service list <i>for the above-entitled action only</i> follows:	as	
I am to	remain counsel of record for the following party(s):		
notifyi	er, I do not wish to receive copies of any future orders, correspondence, motions, pleadings, notices, etc., and ag the court to remove my name from its service list <u>for this case only</u> . I will notify the Clerk of Court sho ice requirement change.		
	I hereby absolve other counsel of record, if any exist, or pro se parties, from serving any future correspondents, pleadings, notices, etc., upon me in this case only.	ce,	
0	Please update my name and/or firm information <i>for the above-entitled action only</i> follows:	as	
Forme	name: New name:		
New fi	m/government agency name:	_	
New a	dress:	_	
New te	ephone number New facsimile number New e-mail address (provide only if a registered CM/ECF e-filer)	_	
Date:			